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ABSTRACT

An athletic trainer (ATC) who is certified by the National Athletic Trainers Association (NATA) is an allied health professional with specific expertise in prevention, recognition, and care of injuries to athletes. Such individuals are college-degreed specialists in sports medicine who practice under the direction of a physician. ATCs perform six specific tasks: prevention of athletic injuries; recognition and evaluation of athletic injuries; management, disposition, and treatment of athletic injuries; rehabilitation of athletic injuries; organization and administration of athletic training programs; and education and counseling of student-athletes. In secondary schools, athletic trainers not only serve as a link between the coach, physician, parent, and athlete, they also help provide liability protection for the school and school district. Four methods can be used by a school to obtain the services of an ATC, each with its own advantages and disadvantages of service, cost, and protection against liability: employing a full-time ATC, a teacher/ATC, a district ATC, or a contracted ATC from a local sports medicine clinic. NATA recommends that graduates of NATA-approved programs seek teacher certification in areas other than health and physical education to enhance their employment potential. Each year, millions of secondary school students suffer sports-related injuries; ATCs can help provide an appropriate level of prevention and care to provide for these students the safest athletic environment. (IAH)

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THE CERTIFIED ATHLETIC TRAINER: IS YOUR SCHOOL SYSTEM MISSING A PLAYER?

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The Certified Athletic Trainer: Is Your School System Missing a Key Player?

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Many factors dictate the provision of health care services to secondary school students. State regulations, district mandates, school nurse availability, and funding are just a few of these items. Health care services in the secondary school educational setting, by design, only provide services for students during the school day. Yet, after the last school bell sounds many students will trade the classroom for playing fields, ball diamonds, and gymnasia. Over 5.6 million secondary school students participate in interscholastic athletics annually at over 24 thousand high schools in America (Stopka). During a average year injuries to these athletes will number into the hundreds of thousands (Powell).

The National Athletic Trainers Association (NATA) High School Injury Surveillance Survey (Powell) reported an annual average of 331,865 time loss injuries in high school football between 1986- 1989. Time loss injuries are those that required an athlete to suspend activity for at least the remainder of the day the injury occurred or the day after the onset. The study gathered information from 105 secondary schools and made projections based on the number of high school participants in a given sport in the United States. Football represented the greatest number and severity of injuries. Still, non contact sports, both boys and girls, show significant injury trends as well. Boys basketball reported 119,056 injuries with 110,473 injuries reported in girls basketball (annual averages). Powell also cites practice sessions as the most likely time for injuries to occur. 60% of boys basketball injuries and 59% of girls basketball injuries occurred during practice sessions. Who cares for the high school athlete after the close of the school day? As high school athletic administrators how do we provide an appropriate level of care to insure the safest athletic environment?

Often an administrator attempts to provide a satisfactory level of care by appointing a coach to monitor injuries incurred by athletes in that sport. This is often done without regard to the qualifications required to do this important task. Basic first-aid and CPR training would appear to be the minimum standards but often they are not met. Even the coach with these minimums, would have to defer to someone better qualified in injury prevention, education, rehabilitation, and decisions about return to play (Ball). A much better option would be to use the services of a certified athletic trainer (ATC).

An athletic trainer, certified by the Board of Certification, Inc., of the National Athletic Trainers Association, Inc., is an allied health professional, as recognized by the AMA committee on allied health education and accreditation. An athletic trainer has specific expertise in prevention, recognition and care of injuries to athletes. Certified Athletic Trainers (ATCs) are college-degreed (over 70% hold Master's degrees or are Physical Therapists) specialists in sports medicine who practice under the direction of a physician (Table 1).

In a middle or high school setting, an ATC would be an asset to the coaching, physical education and health education instruction staffs. An ATC can relieve the coach or physical education teacher of the responsibility of evaluation and emergency treatments for injuries. Given the large numbers of students participating in interscholastic athletics and physical education classes, an ATC can lessen the liability for the school or district by having a well-educated person in injury recognition and treatment accountable for those students. High School administrators feel the pressures of liability issues.In a survey of superintendents in Michigan, Ray stated that 43% of the superintendents felt that their liability would significantly decrease by employing ATCs

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Six specific tasks of ATCs:

1. **Prevention of athletic injuries.**
2. **Recognition and evaluation of athletic injuries.**
3. **Management, disposition and treatment of athletic injuries.**
4. **Rehabilitation of athletic injuries.**
5. **Organization and administration of athletic training programs.**
6. **Education and counseling of student-athletes.**

Table 1

in their schools. Compounding this liability problem is the growing proportion of non-faculty coaches. Non-faculty coaches are difficult to hold accountable for their actions since they are not employees of the school district.

ATCs can function also as an adjunct resource for the health education department. Working either in a classroom/team setting or in a one-on-one situation, an ATC can provide crisis referral, or informal counseling. The ATC can answer questions on drug use, nutrition, personal health care issues and other concerns of the athlete. The ATC can provide in-services for the coaching staffs on injury recognition, initial care and appropriate causes for physician referral. The ATC also can develop a student trainer program for the high school.

There are four different methods used to obtain the services of an ATC. Each of these methods has advantages and disadvantages. The methods include: employing a full-time ATC, a teacher/ATC, a district ATC, or a contracted ATC from a sports medicine clinic. Contracting the services of an ATC from a local sports medicine clinic may be possible. Various types of service contracts are available. These range from event coverage to weekly consultation to daily coverage. The fees also vary considerably. The major advantage is that the school administrator can tailor the service to their budget. Salary and fringe benefit costs belong to the sports medicine clinic. Yet, the ATC may not be as involved in the prevention and/or rehabilitation aspects as much, depending on the contract. Contracting services also means that the coaching staffs are still providing the initial injury screening, first aid, and referral to the ATC or physician. This method provides minimal liability protection to the school district.

A school district may employ an ATC to serve all schools in the district. The ATC could either travel to each school in the district regularly or operate out of a central training room. The latter option would require athletes to travel to the ATC for injury evaluation and/or treatment. The former option would require alternating practice coverage as well as event coverage, depending on the number of schools in the district. The advantage is that there would be one person responsible for monitoring the injury status of the athletes in the district. The disadvantage is that the coaching staffs would still be responsible for the initial injury evaluation and first aid if the ATC was at another school. Treatment and rehabilitation activities also depend on the facilities at each school, should the ATC have to travel. This option, however, does increase liability protection. A common method is for school to employ a teacher who is an ATC as well. This method allows for an ATC to be on-site all day and to provide initial injury evaluation as well as initial care, treatment, and rehabilitation. The teacher/ATC works in close cooperation with the team physician and coaching staffs. The teacher/ATC is paid a stipend above their base salary, similar to that of a three season head coach. The advantage is that there is someone qualified in sports medicine present throughout the day. This presence relieves the coaching staff of the liability involved in being just a first-aider in charge of a sport. The major disadvantage is that teaching responsibilities may prevent allotting adequate time for providing treatment or directing rehabilitation. This option provides excellent liability protection.

The best method is to employ a full-time ATC. This would allow daily monitoring of the health status of athletes. Utilizing a full-time ATC, operating out of a training room, would allow athletes to use free time to get treatment or to do their rehabilitation exercises under supervision. A full-time ATC would also be available for counseling whenever necessary. Under the method, the ATC could be more involved in administrative detail work as it pertains to the health of the athletes. The ATC could be the liaison with the physician, order supplies, fill out insurance forms and maintain medical records. The advantage to this method is a full-time ATC could relieve the district or school administrator of the responsibility of health care of the athletes. The disadvantage is that this is the most expensive model. It does however, offer the best liability protection. It is the policy of the National Athletic Trainers Association to urge graduates of NATA-approved internship or curriculum programs to seek teacher certification in areas other than health and physical education to help enhance their employment potential.

Middle school and high school athletes make up the largest proportion of athletes in our country and yet their healthcare is often overlooked. A certified athletic trainer cannot only help bridge the communication gap between the coach, physician, parent and athlete; but also provide further liability protection for the school and school district. In doing so the ATC can fill a void by providing an important health care service to the millions of interscholastic athletes who deserve the safest competitive environment possible.

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